DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 7133 (Rev. 04/03)

STATE OF WISCONSIN
s. 146.50 Wis. Stats.
(608) 266-1568

AMBULANCE SERVICE PROVIDER LICENSE APPLICATION

This form is authorized under s.146.50, Wisconsin Statutes and Chapters HFS 110, 111 and 112, Wisconsin Administrative Code. Completion of this form is mandatory for licensure as an ambulance service provider. Personally identifiable information requested on this form will only be used for licensure purposes.

INSTRUCTIONS: Type or print legibly. Complete all sections of the form. Failure to complete all required sections of this form and submit required materials will result in the application being returned unprocessed.

RETURN COMPLETED FORM TO:	DIVISION OF PUBLIC HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES & INJURY PREVENTION P.O. BOX 2659 MADISON, WI 53701-2659	For Office Use Only

SERVICE INFORMATION

Type of application - check one:
☐ Initial ☐ Change of Ownership ☐ Change of License Level

Provider License Number

Name of Service

Street Address (where records are kept)

City	State	Zip Code	County	Non-Emergency Phone Number

Mailing Address (if different than above)

City	State	Zip Code

FEIN Number	CLIA Number	E-mail Address

OWNER INFORMATION

Owner's Name	E-mail Address

Street Address	P O Box

City	State	Zip	Telephone Number ( )

DIRECTOR/OPERATOR INFORMATION

Director/Operator Name	E-mail Address

Street Address	P O Box

City	State	Zip	Telephone Number ( )

LICENSE LEVEL – Please check your service's license level (check all that apply)

- ☐ EMT-Basic
- ☐ EMT-Basic IV Tech
- ☐ EMT-Intermediate
- ☐ EMT-Paramedic

TYPE OF OWNERSHIP (check one)

- ☐ Private Non-Profit
- ☐ Private For Profit
- ☐ Municipal

SIGNATURE – Applicant (Owner or Operator)

Date Signed

Application is not complete unless accompanied by EMS Ambulance Operational Plan or applicable changes to the EMS Ambulance Operational Plan.